

Presented by the Adult 1915(i) State Evaluation Team:

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Adult Mental Health Habilitation (AMHH) Services Training

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LEARNING OBJECTIVES



To provide an understanding of the Adult Mental Health Habilitation (AMHH) program:

- Define the AMHH program purpose and goals
- Differentiate between habilitation vs. rehabilitation
- Identify individuals who may benefit from AMHH
- Compare/contrast MRO and AMHH services
- Identify and describe the services
- Clarify provider qualifications for specific services
- Explain expectations, qualifications, settings and other specifics
- Formulate habilitative goals and objectives

AGENDA



- Define and Overview
- Services
- Setting Requirements
- Potential Members
- Eligibility Criteria
- The Application Process
- Moving Forward/Next Steps
- Resources and Support
- Case Study Exercise



ADULT MENTAL HEALTH HABILITATION (AMHH)

*Review the AMHH Provider Reference Module published September 21, 2017 for all service details.

What is AMHH?



The Adult Mental Health Habilitation program:

- ✓ 1915(i) State Plan Home and Community-Based benefit for adults
- ✓ Services approved by the Centers for Medicare & Medicaid Services (CMS)
- ✓ Specific population and criteria

What Are The Goals?



- ✓ Facilitate on-going recovery for adults with serious mental illness (SMI) with/without a co-occurring disorder
- ✓ Empower adults with SMI
- ✓ Improve “quality of life” for individuals with a SMI
- ✓ Focus on habilitation

What is Habilitation?

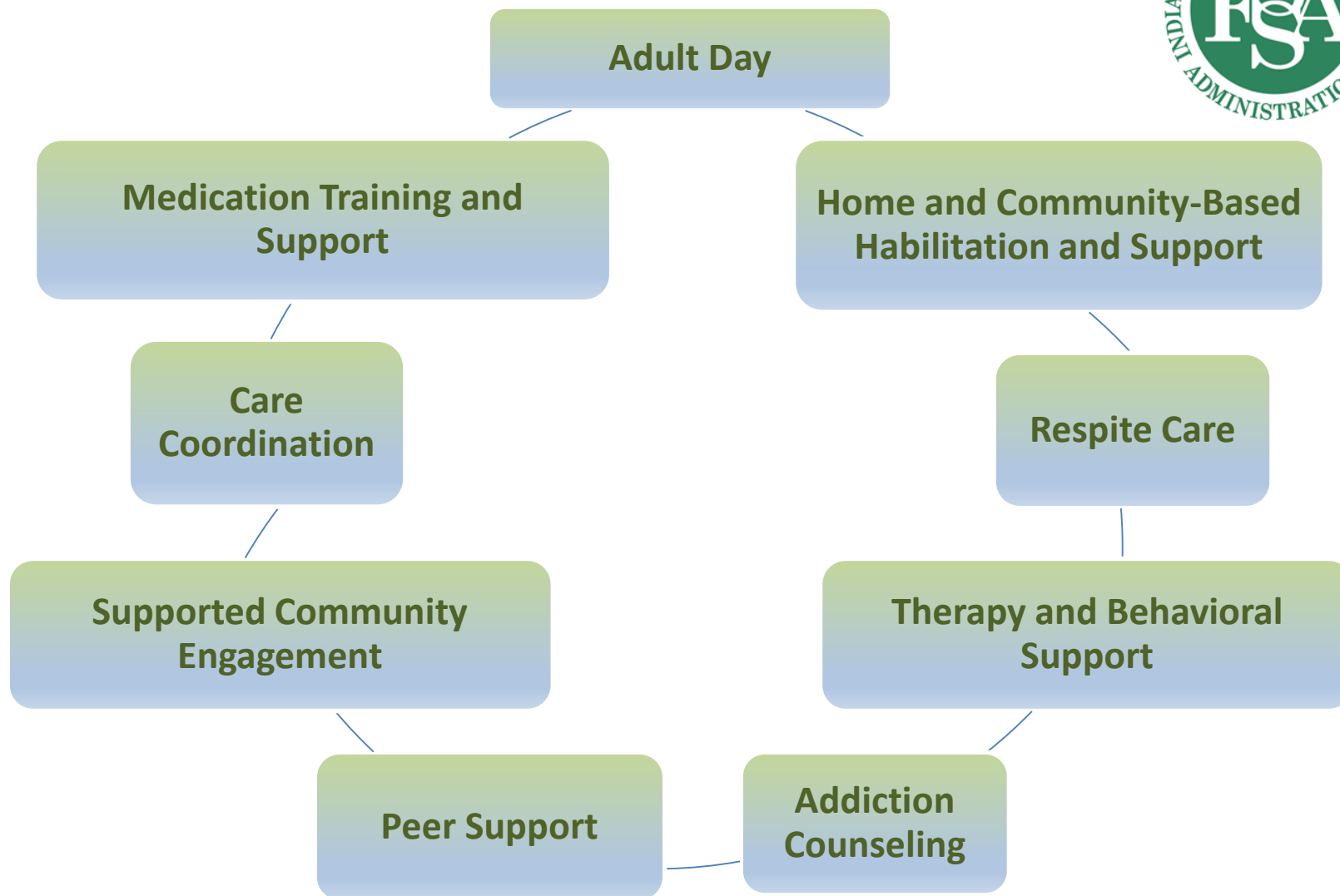
- ✓ Activities that are designed to assist in acquiring, retaining and, improving the following skills in a community setting:
 - Self-help
 - Socialization
 - Adaptive skills
- ✓ Providing skills and supports needed
- ✓ Reduce the risk for institutionalization
- ✓ Achieve the best possible quality of life in the community



Habilitation vs. Rehabilitation

HABILITATION (AMHH)	REHABILITATION (MRO)
Acquiring, retaining and improving	Restoring function
Community-based setting	Community-based or institutional setting
Recovery focused	Recovery focused
Services similar to MRO	Services similar to AMHH
Habilitation focused goals and objectives	Rehabilitation focused goals and objectives
Individualized Integrated Care Plan (IICP) <ul style="list-style-type: none"> ▪ Habilitative goals ▪ Recovery goals ▪ Person-Centered ▪ Identifies services medically needed to remain in the community 	Individualized Integrated Care Plan (IICP) <ul style="list-style-type: none"> ▪ Rehabilitative goals ▪ Recovery goals ▪ Person-Centered ▪ Identifies services medically needed to remain in the community
Length of authorization period = up to 360 days	Up to 180 days
Crisis Intervention/Crisis Plan	N/A

What Are AMHH Services?



AMHH Services at a Glance...

HABILITATION (AMHH)	REHABILITATION (MRO)
1. Adult Day Services	N/A
2. Home and Community-Based Habilitation and Support Services	Skills Training and Development
3. Respite Care Services	N/A
4. Therapy and Behavioral Support Services	Behavioral Health Counseling and Therapy
5. Addiction Counseling Services	Addiction Counseling
6. Peer Support Services	Peer Recovery
7. Supported Community Engagement Services	N/A
8. Care Coordination Services	Case Management
9. Medication Training and Support Services	Medication Training and Support



AMHH Unique Services



Adult Mental
Health
Habilitation
(AMHH)
Program

Adult Day
Services

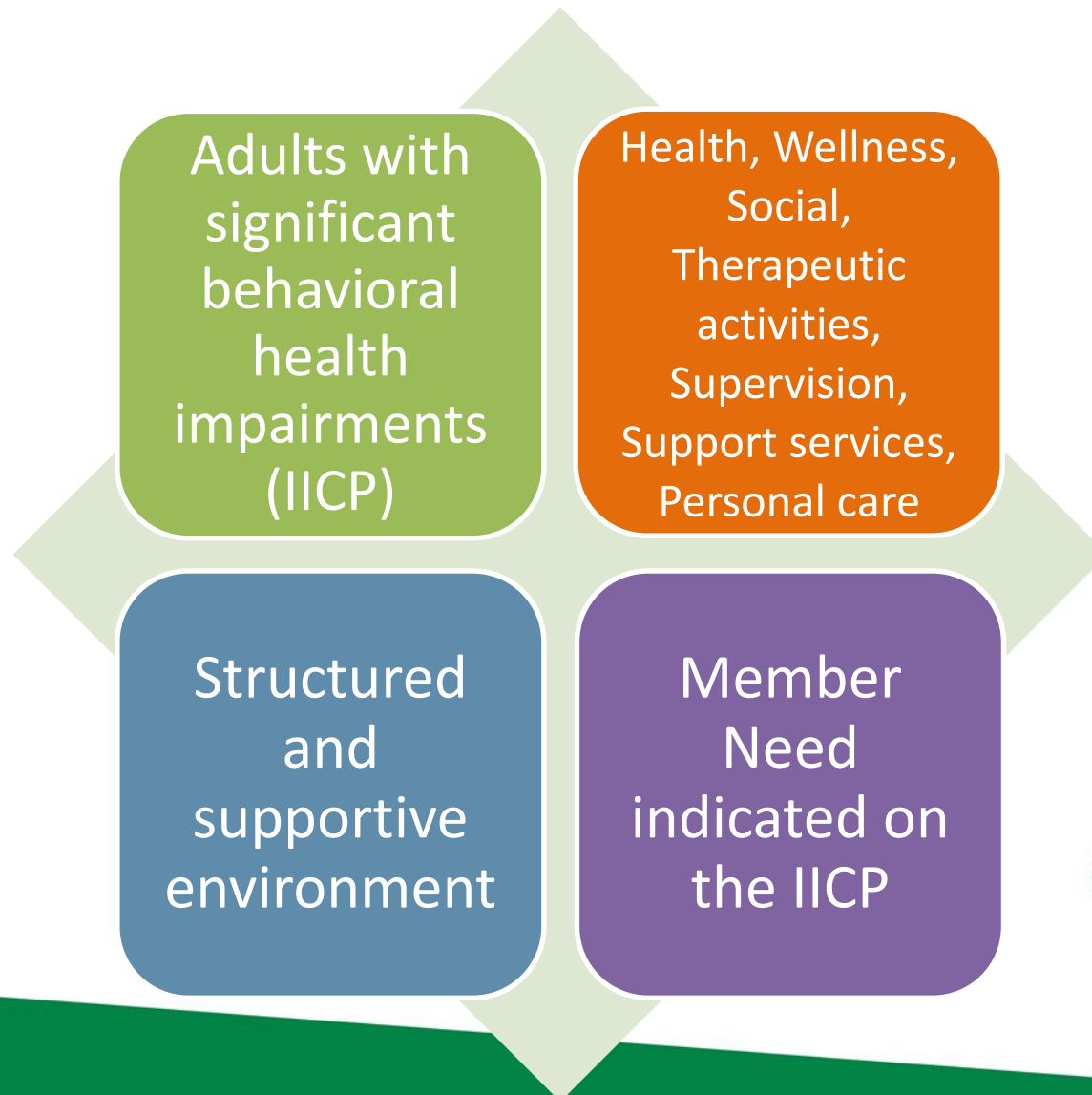
Respite Care

Supported
Community
Engagement

ADULT DAY SERVICES



Adult Day Services



Adult Day Services

- ✓ Community-based structured group program
- ✓ Behavioral health impairments (IICP)
- ✓ Non-residential program
- ✓ AMHH Adult Day Services may include:
 - Care planning
 - Behavioral health treatment
 - Monitoring weight, blood glucose level, and blood pressure



Adult Day Services (cont'd.)

- Medication administration
 - Nutritional assessment and planning
 - Individual or group exercise training
 - Training in activities of daily living (ADL)
 - Skill reinforcement for established skills
- ✓ Other social activities to meet identified needs and goals (IICP)
- ✓ See codes and service unit description and limitations



Provider Qualifications

The staff that provides AMHH Adult Day Services must have the following qualifications:

- Licensed professional, except for licensed clinical addiction counselors
- Qualified behavioral health professional (QBHP)
- Other behavioral health professional (OBHP)
- Medication administration provided as part of AMHH Adult Day Services must be delivered by a provider who meets one of the following qualifications:
 - A licensed physician
 - An authorized healthcare professional (AHCP)
 - A registered nurse (RN)
 - A licensed practical nurse (LPN)
 - A medical assistant (MA) who has graduated from a two-year clinical program
- Nutritional assessment and planning services provided as part of AMHH Adult Day Services activity must be provided by a certified dietician, as defined in *IC 25-14.5-1-4*.

See *Agency Staff Requirements* in [Section 3: AMHH Service Providers](#) for additional information about staff member qualifications. *Review the AMHH Provider Reference Module published September 21, 2017 for all service details.

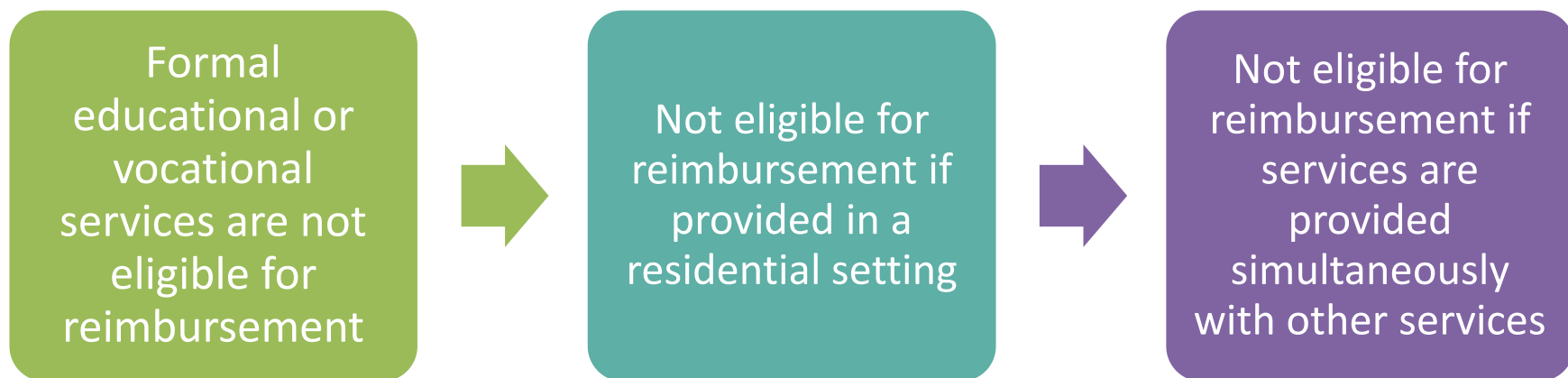
Adult Day Services (cont'd.)

PROGRAMMING STANDARDS

- ✓ Face-to-face contact
- ✓ Service is needed to achieve level of community integration
- ✓ Service helps member develop a relationship with *community organizations*
- ✓ Service involves collaboration with a community organization
- ✓ Activities are geared to achieving a generalized skills or behavior that prepares the member for community engagement
- ✓ Services must be identified in the IICP and related to goals identified by the member



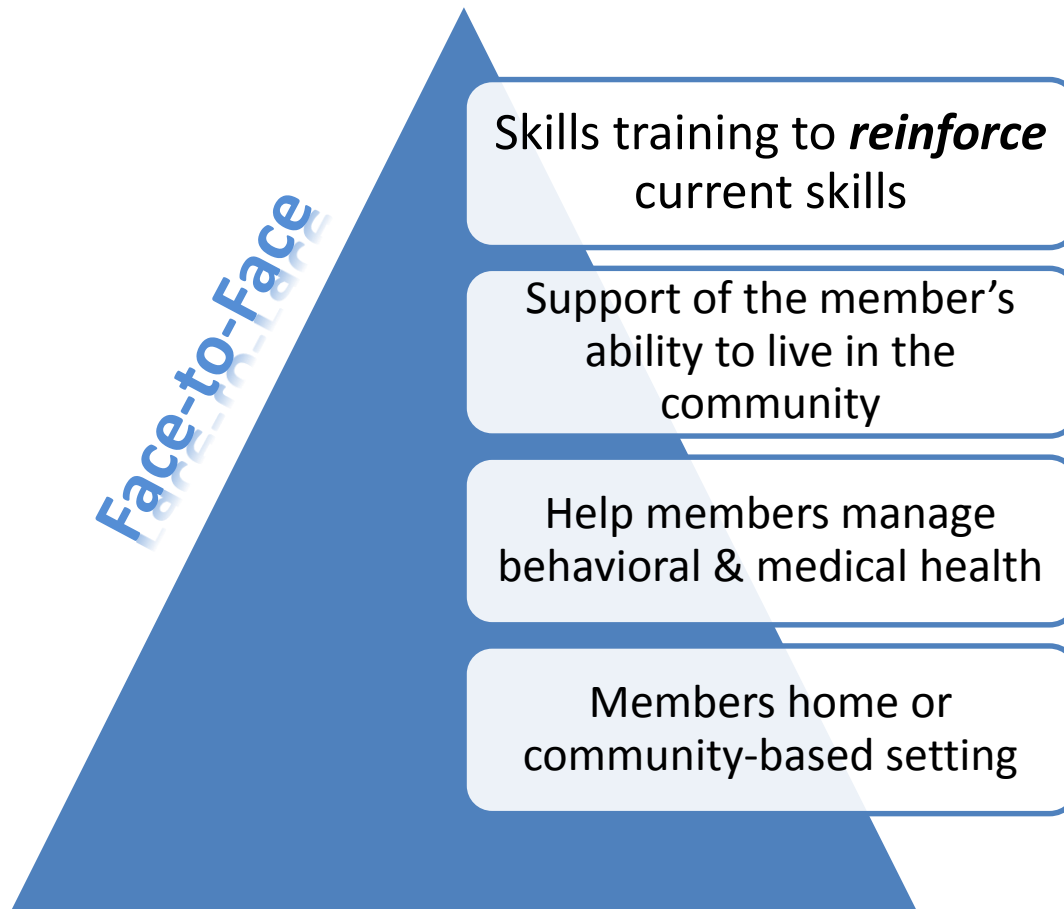
Adult Day Services Exclusions



HOME AND COMMUNITY-BASED HABILITATION AND SUPPORT SERVICES



Home and Community-Based Habilitation and Support Services



Home and Community-Based Habilitation and Support Services (cont'd.)

- ✓ Individual or group settings
- ✓ Family members or other non-professional caregivers
 - Individual or group
 - With or without the member present
- ✓ See standards, codes and limitations



Home and Community-Based Habilitation and Support Services (cont'd.)

Provider Qualifications

Provider staff of AMHH Home and Community-Based Habilitation and Support Services must have one of the following qualifications:

- Licensed professional, except for a licensed clinical addiction counselor
- Qualified behavioral health professional (QBHP)
- Other behavioral health professional (OBHP)

For additional information on staff member qualifications, see [Section 3: AMHH Service Providers](#).

Home and Community-Based Habilitation and Support Exclusions

- ✓ Job coaching
- ✓ Academic tutoring
- ✓ Services provided to professional caregivers
- ✓ Skill-building activities not identified in the Individualized Integrated Care Plan (IICP)
- ✓ Activities billed under the AMHH Supported Community Engagement



RESPITE CARE SERVICES



Respite Care Services

- ✓ Members are unable to care for themselves/living with a non-professional caregiver
- ✓ Caregiver is temporarily unable to provide care
- ✓ Support the relief of the caregiver (short and defined period)
- ✓ Ensure the members health and safety
- ✓ Community Mental Health Center (CMHC) Home and Community-Based Services (HCBS) compliant



Provider Qualifications

Providers of AMHH Respite Care Services, except for medication administration and medical support services provided as part of Respite Care, must have one of the following qualifications:

- Licensed professional, except for a licensed clinical addiction counselor
- Qualified behavioral health professional (QBHP)
- Other behavioral health professional (OBHP)

Medication administration and medical support services provided through the AMHH Respite Care service must be within the scope of practice, as defined by federal and State law, by an agency staff member who meets one of the following qualifications:

- A licensed physician
- An advanced practice nurse (APN)
- A physician assistant (PA)
- A registered nurse (RN)
- A licensed practical nurse (LPN)

See [Section 3: AMHH Service Providers](#) for additional information about qualifications for provider agency and staff members. *Review the AMHH Provider Reference Module published September 21, 2017 for all service details.

Respite Care Services

- ✓ Location:
 - Members home/place of residence
 - Caregiver's home
 - Non-private residential setting
- ✓ See codes and service unit description and limitations



Respite Care Services (cont'd.)

PROGRAMMING STANDARDS

- ✓ Member must be living with a non-professional (unpaid) caregiver
- ✓ Based upon the needs of the member (IICP)
- ✓ Least restrictive environment available
- ✓ Services must not be used as substitutes for regular care
- ✓ Medication administration and medical support services must be provided within the scope of practice



Respite Care Services (cont'd.)

PROGRAMMING STANDARDS (cont'd.)

- ✓ Division of Mental Health and Addiction (DMHA)-approved provider
- ✓ Must not duplicate any other service provided (IICP)



Respite Care Services Exclusions

- ✓ Services to members living in FSSA/DMHA certified residential facilities
- ✓ Services to members living in supportive housing
- ✓ Services to members who receive in-home support from professional caregivers
- ✓ Respite care (relative or anyone living in the members residence)
- ✓ Services to members family or friends
- ✓ Hospice services or similar



THERAPY AND BEHAVIORAL SUPPORT SERVICES



Therapy and Behavior Support Services

Time-limited,
structured, face-to-
face sessions

See provider
qualifications,
standards, exclusions,
codes and limitations

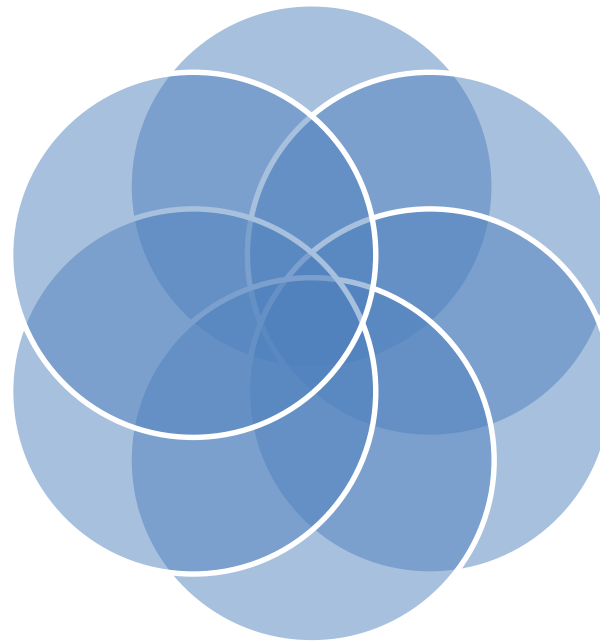
Work toward IICP
goals

Family members or other
non-professional caregivers

- Individual or group
- With or without the member present

Individual or group
settings

Home/living
environment or non-
clinic setting location



ADDICTION COUNSELING SERVICES



Addiction Counseling Services

- ✓ Planned and organized
- ✓ Face-to-face services
- ✓ Address addiction *recovery* goals within the IICP
- ✓ Substance-related disorders with any of the following:
 - Minimal or manageable medical conditions
 - Minimal withdrawal risk
 - Emotional, behavioral and, cognitive conditions that do not prevent the benefit of this service



Addiction Counseling Services (cont'd.)

- ✓ Members home/living environment or other non-clinic setting
- ✓ Family members or other non-professional caregivers
 - Individual or group
 - With or without the member present
- ✓ See provider qualifications, standards, exclusions, codes and limitations



PEER SUPPORT SERVICES



Peer Support Services

- ✓ Certified Recovery Specialist (DMHA approved certification)
- ✓ Structured scheduled activity
- ✓ Specific Individualized Integrated Care Plan (IICP) treatment goal
- ✓ Face-to-face in an individual setting
- ✓ Documentation must support *how* services benefit the member



Peer Support Services

- ✓ Scheduled activities may promote the following:
 - Socialization
 - Habilitation
 - Recovery
 - Self-advocacy
 - Development of natural supports
 - Maintenance or acquisition of community living skills
- ✓ See provider qualifications, standards, exclusions, codes and limitations



SUPPORTED COMMUNITY ENGAGEMENT SERVICES



Supported Community Engagement Services

Face-to-face

Delivered on an individual basis

Delivered in a community setting

Community engagement includes:

- Volunteering
- Community service
- Services that lead to member improvement with integration/assimilation into the community

No employment objectives, objectives of an employer/potential employer

See codes, service unit description and limitations



Supported Community Engagement Services



Provider Qualifications

Staff providers of Supported Community Engagement Services must have one of the following qualifications:

- Licensed professional
- Qualified behavioral health professional (QBHP)
- Other behavioral health professional (OBHP)

For additional information about qualifications for provider agency and staff members, see [Section 3: AMHH Service Providers](#).

Supported Community Engagement Services (cont'd.)

PROGRAMMING STANDARDS

- ✓ Service must be face-to-face
- ✓ Member must benefit from the engagement – unlikely to achieve this level of community integration without support
- ✓ Help the member develop a relationship with the community organization
- ✓ Involves collaboration with the community organization to develop an individualized plan that:
 - Identifies specific supports
 - Identifies organizational expectations
 - Identifies training strategies
 - Identifies time frames
 - Identifies responsibilities



Supported Community Engagement Services (cont'd.)

PROGRAMMING STANDARDS

- ✓ Allowable activities are geared toward:
 - Achieving a generalized skill or behavior
 - May include teaching concepts
- ✓ Services of community engagement must be identified (IICP) and may include:
 - How to use public transportation to the community setting
 - Work environment/modification analysis (not employment related)
 - Work-task analysis (not employment related)
 - Use of assistive technology device/adaptive equipment



Supported Community Engagement Services



volunteerism

SUPPORT

**community
service**

Supported Community Engagement

Exclusions



- ✓ Reimbursement or compensation paid by the provider to the member for activities under this service
- ✓ Training in job tasks
- ✓ Services to members who are competitively employed
- ✓ Services available as vocational rehabilitation (funded under Rehabilitation Act of 1973)
- ✓ Services provided in a group setting
- ✓ Services that include explicit employment objectives

CARE COORDINATION SERVICES



Care Coordination Services

- ✓ Assist the member with access to medical, social service, educational, and other services
- ✓ Direct assistance
- ✓ Includes the following activities:
 - Assessment to determine service needs
 - Development of the IICP (habilitative activities)
 - Referral and linkage
 - Monitoring and follow-up
 - Evaluation
- ✓ See provider qualifications, standards, exclusions, codes and limitations



MEDICATION TRAINING AND SUPPORT SERVICES



Medication Training and Support Services

For the purposes of:

- Monitoring medication compliance
- Providing education and training about medication
- Monitoring medication side effects
- Providing other nursing or medical assessment

Includes training family members or other non-professional caregivers

Provided individually or in group settings

May be face-to-face or some activities on behalf of

See provider qualifications, standards, exclusions, codes and limitations



SERVICES AND SETTINGS



Non-Covered Services



Provided simultaneously as another service of the same nature or scope (regardless of the funding source)

Provided as a diversion, leisure, or recreational activity (unless it is identified as a component of an approved Respite Care service)

A service not within the scope and limitations

A service not on the members IICP

A service on the members IICP but is not documented as covered or approved

A service that exceeds the limits within the service definition (including service quantity, limit, duration or frequency)

Any service provided same day as inpatient or partial hospitalization

Time on face-to-face assessment, referral form and IICP

Community-Based Setting Requirements?



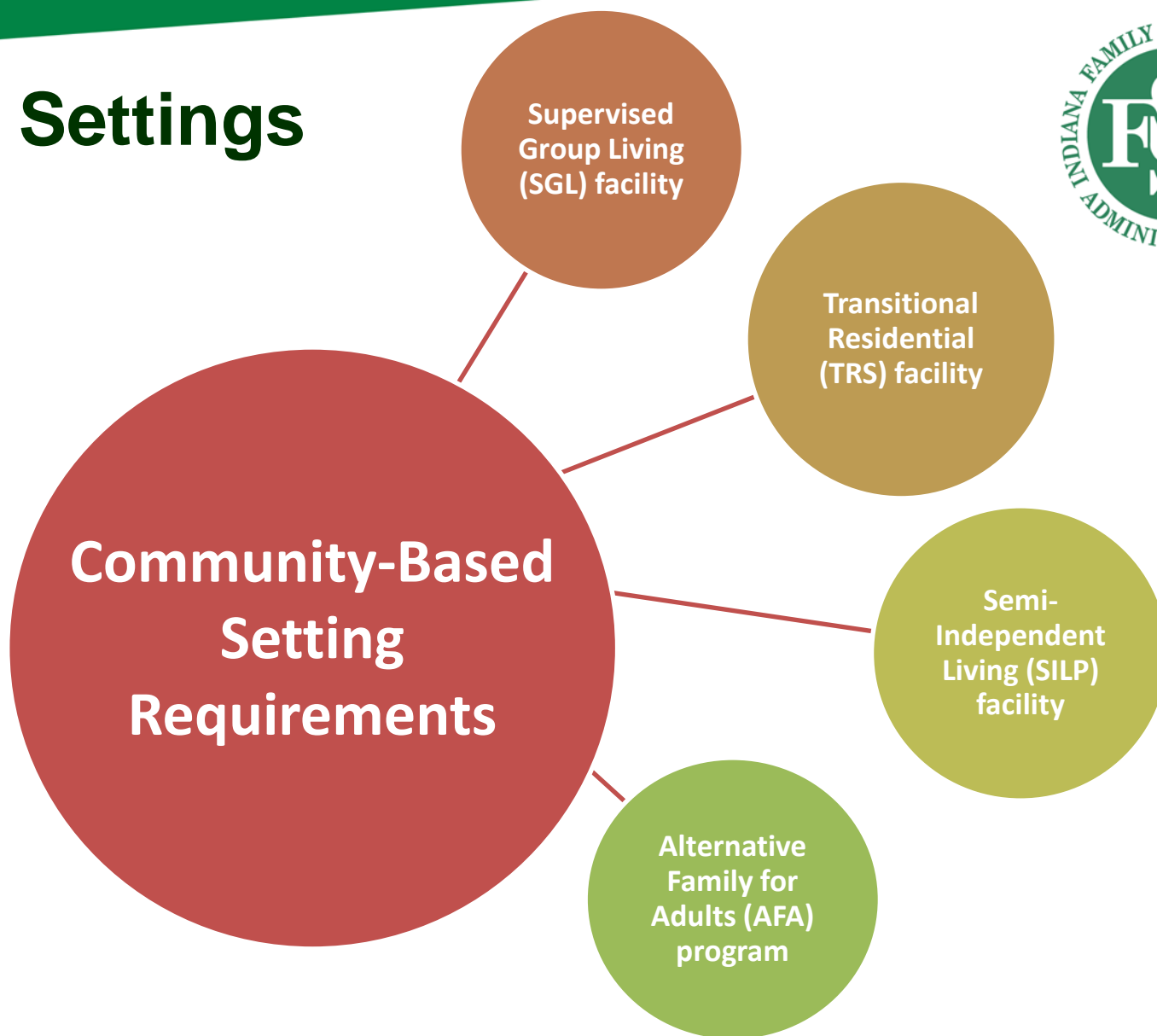
- ✓ Home or community-based setting (CMS 2249-F & CMS 2296-F)
- ✓ Setting is selected by the recipient
- ✓ Setting is identified in the IICP
- ✓ Individual rights of privacy, dignity and respect and, freedom from coercion and restraint are protected
- ✓ Individual initiative, autonomy and independence are optimized
- ✓ Individual choice regarding services and support

Not Home or Community-Based



- ✓ Nursing facility
- ✓ Institutions for mental diseases
- ✓ Intermediate care facilities for intellectual disability
- ✓ Hospitals
- ✓ Any location that has qualities of an institution

The Settings



*Review the AMHH Provider Reference Module published September 21, 2017 for all service details.

CRITERIA AND APPLICATIONS



Who Are Potential Members?



- ✓ Adults living in/transitioning to a home and community-based compliant setting
- ✓ Adults that have reached maximum benefit from the Medicaid Rehabilitation Option (MRO)
- ✓ Adults that need/want habilitation to continue their recovery and sustain and/or improve their quality of life in the community
- ✓ Adults at risk of institutionalization without services

Member Eligibility Criteria



✓ Target Group Criteria

- Individual enrolled in an eligible Indiana Health Coverage Programs (IHCP) program
- Individual age 35 or older
- Individual has an eligible primary mental health diagnosis

✓ Adult Needs and Strengths Assessment (ANSA) score 4 or higher

✓ Need-Based Criteria

Service Provider Criteria



- ✓ Agency application
 - *CMHC Provider Agency Application and Attestation to Provide Adult Mental Health Habilitation Services*
- ✓ Meet provider agency requirements and expectations
- ✓ Meet agency staff requirements
 - Licensed professional (405 IAC 5-21.8-2)
 - Qualified Behavioral Health Professional (QBHP)
 - Other Behavioral Health Professional (OBHP)
- ✓ Clinical supervision standards

New Applications



- ✓ Face-to-face
 - Biopsychosocial assessment
 - Adults Needs and Strengths Assessment (ANSA)
 - Application
- ✓ Residential Setting Screening Tool (RSST)
- ✓ Refer for AMHH services
- ✓ Individualized Integrated Care Plan (IICP)
 - Habilitative
 - Person-Centered
 - Services
- ✓ Crisis Plan
- ✓ Submittal to Data Assessment Registry Mental Health and Addiction (DARMHA)

The Individualized Integrated Care Plan (IICP)



- ✓ Clinically indicated and deemed medically necessary
- ✓ Supported by the members identified needs, goals and desires
- ✓ Provided in the most appropriate, least restrictive Home and Community-Based Services (HCBS) setting
- ✓ Includes all indicated medical and support services, paid and unpaid, regardless of funding sources needed



IICP (cont'd.)

- ✓ Person-centered planning process
- ✓ Identifies physical and behavioral health support needs, strengths, preferences and desired outcomes
- ✓ Takes into account supports
- ✓ Prevents the provision of unnecessary or inappropriate services or care
- ✓ Guided by best practices and research
- ✓ Developed for the member with the member

The Crisis Plan



Identifies risks, an impending crisis, triggers and barriers to remain in a non-institutional setting

Developed with the member

Reflects the choice/preferences of the member

Optional submission to the State Evaluation Team (SET)

Must be maintained in the clinical record

Identifies resources and supports

Clinical and Administrative Documentation



- ✓ Focus on the member
- ✓ Emphasize the members strengths
- ✓ Reflect the members progress toward habilitative goals (IICP)
- ✓ Be in the members medical record
- ✓ Written and signed by the provider (cosigned if applicable)
- ✓ See location specifications, documentation requirements and services

Renewal Applications



- ✓ Eligibility period is 360 days (expires on day 361)
- ✓ Apply *before* the expiration date to avoid a gap in coverage (30 - 60 days)
- ✓ Same as initial application process using updated information:
 - Biopsychosocial assessment
 - ANSA
 - IICP
 - Evaluation of members progress
 - Services
 - Submit to DARMHA
- ✓ Narrative statement discussing progress/lack of progress

FINDING MEMBERS



Identification of Potential AMHH Candidates

- ✓ Use data to make a list of potential members who may qualify
- ✓ See program expectations
- ✓ Document specific AMHH discussions in the member's clinical chart
- ✓ Re-review member goals, objectives AND progress
- ✓ Create a list of potential candidates
- ✓ Conduct the clinical assessment



AMHH

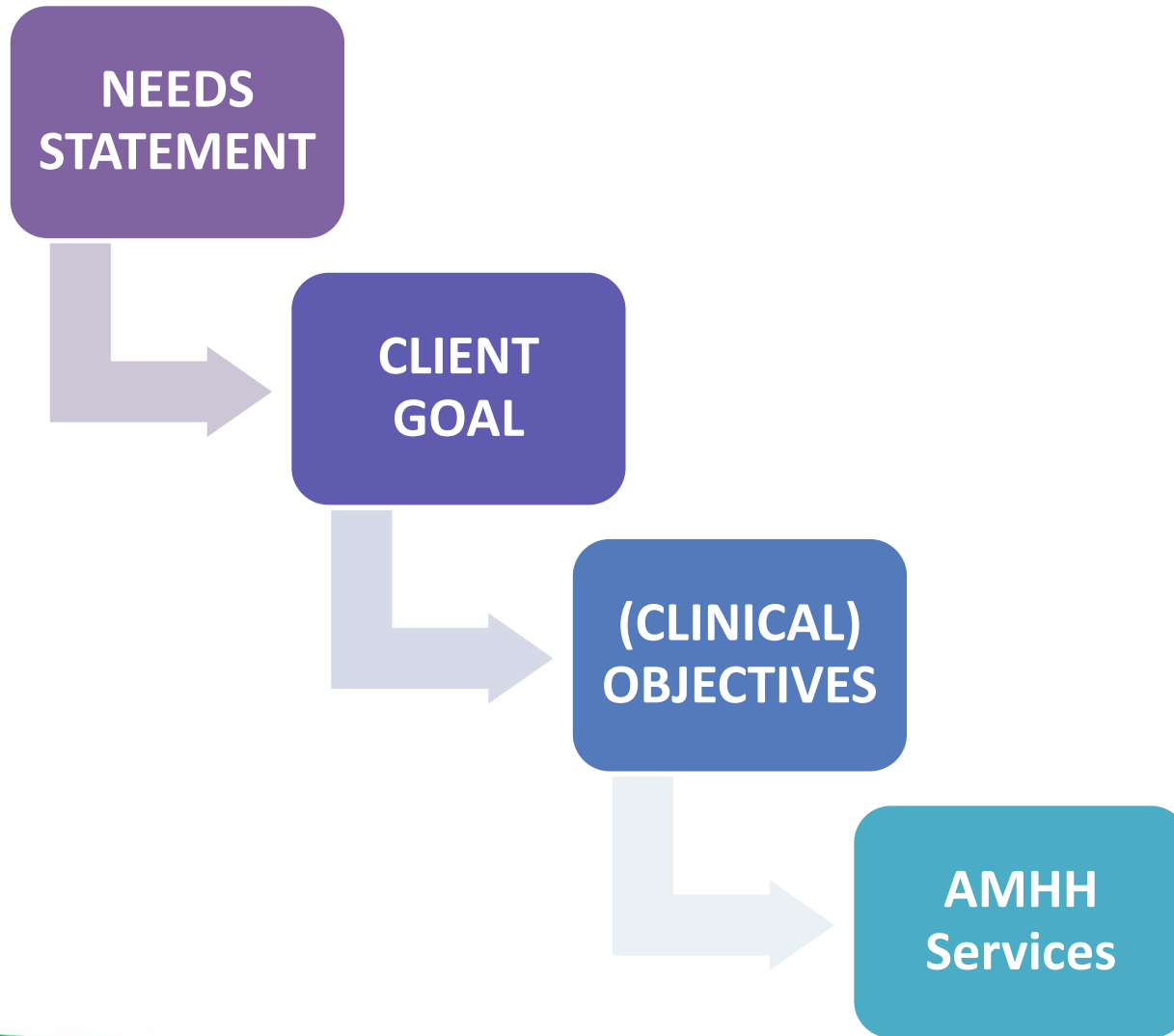
QUESTIONS?



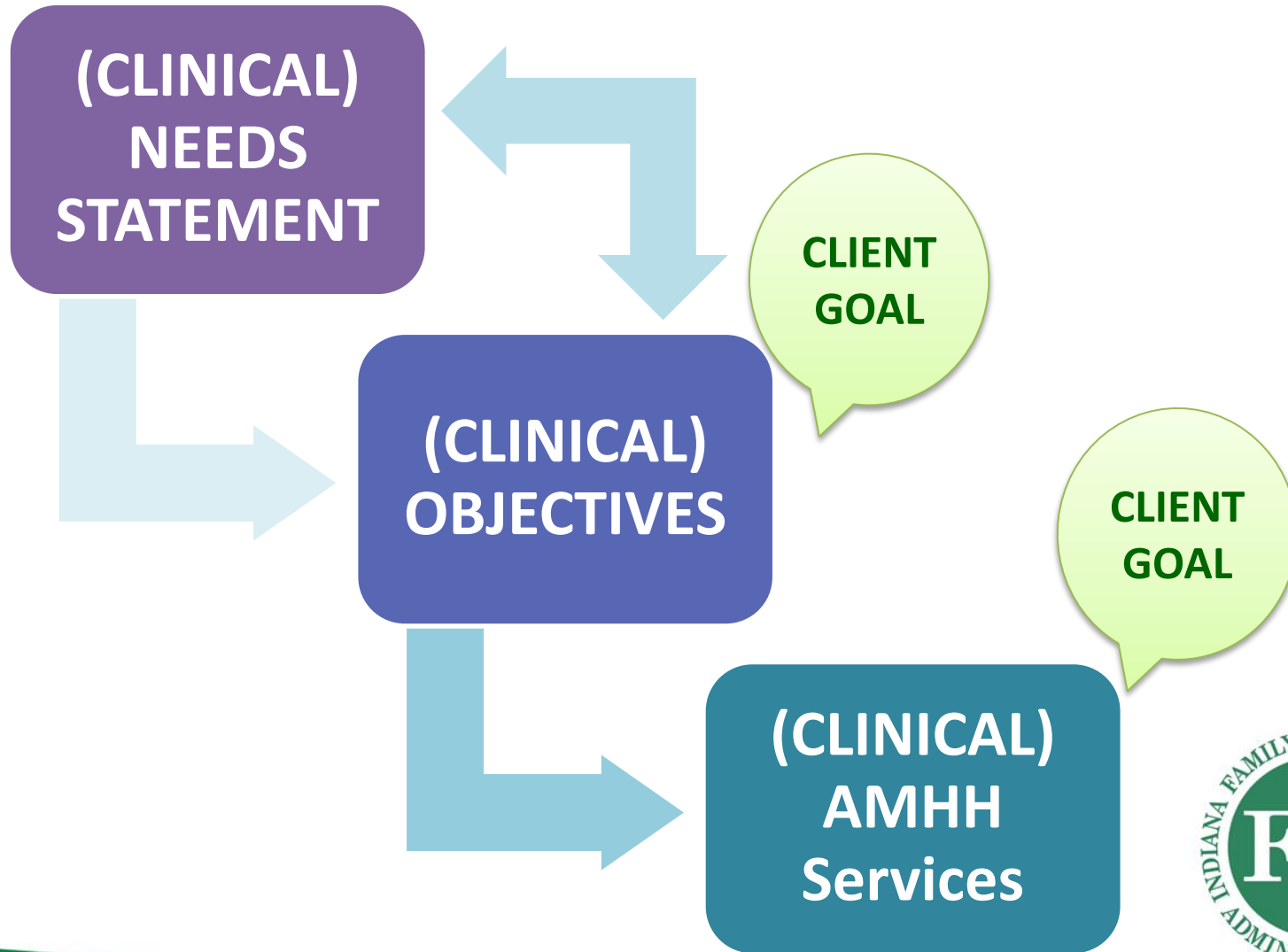
GOALS AND OBJECTIVES



Connecting The Dots



Aligning Needs to Services



Example: Aligning Needs to Services

NEEDS STATEMENT:
Addiction, medication
compliance, mental
health, physical health
issues, ADL's



OBJECTIVES: Addiction,
medication compliance,
mental health, physical
health, ADL's



AMHH Services: Home and
community-based habilitation
and support, therapy and
behavioral support, addiction
counseling, care coordination

Exercise Prep #1

MRO Goal: Take medication as prescribed

Objective: Client will use her strength of family to take her medication as prescribed, daily, to improve symptoms of Bipolar Disorder and Hoarding Disorder, for three months, as reported by client in weekly skills training group

AMHH Goal: *“I could use some help takin’ my meds...I don’t know what the crap this crap is!”*

Objective: Client will improve and maintain his medication compliance through the use of medication training and supports, not missing more than one dosage per week with staff prompts and reminders, as evidenced by staff and self-reports



Exercise Prep #2

MRO Goal: Improve social skills

Objective: Client will use her strength of optimism to make eye contact while greeting strangers 4 times a week, for eight weeks, as reported by client in weekly individual skills training.

AMHH Goal: “...*I’m better with my dog, Callie. People hate me. I’m really good with dogs. Wish I could work with them or nice people...*”

Objective: Client will use current skills to engage in community services involving people or animals, at least once per month or 6 times per year, to increase volunteer experiences



Exercise

The Case of “Jane Deals” (handout)

Create one AMHH goal for Jane Deals

Create at least *three* AMHH objectives for the goal

Determine AMHH services for Jane Deals (handout)

Discuss



Case of “Jane Deals”

Jane Deals needs to maintain safety by using her bicycle in a safe manner. Currently, she rides it in the middle of the street. She needs to be educated about her medical and psychiatric diagnoses and encouraged to take medications as prescribed. She has schizophrenia and needs assistance with managing her mental health symptoms and, managing her financial funds to prevent from being exploited, as Provider ABC serves as her payee. Due to her frequent infections, Jane would benefit from regular engagement with service providers who can monitor her physical and mental health, ensure access to a laundromat, and help her obtain supplies for arts and crafts to manage anxiety. Jane is trying to have her felonies expunged, which will assist with housing attainment. She needs to follow up with medical recommendations surrounding suspicious spots found on her lungs. Her family has a history of health problems, including cancer. She needs reminders to use her oxygen as prescribed. Her psychiatrist recommends addiction treatment for Jane, due to occasional cocaine use. Jane would benefit from addictions counseling as well. Jane stated “I would like to live on my own...instead of living in a group home.” She is optimistic about the future and has strong family support.

Resources

- ✓ 1915(i) AMHH State Plan Amendment TN No. 12-003
- ✓ 1915(b)(4) Selective Contract for AMHH/BPHC Waiver
- ✓ 405 IAC 5-21.6 (Indiana Administrative Code for AMHH services)
- ✓ Indiana Health Coverage Programs (IHCP) Medical Policy Manual and expectations issued by the FSSA
- ✓ Any DMHA updates or policy revisions to the AMHH program or requirements for AMHH providers
- ✓ Indiana Health Coverage Programs (IHCP) Home and Community Based Billing Guidelines Module
- ✓ Bulletins, banners, or other communications issued by the CMS or the FSSA's DMHA or IHCP



Support

We are available to discuss your organization/agency's AMHH program and address any questions.

Please send an email to the AMHH inbox:
amhhservices@fssa.in.gov

Or contact us directly!



CLOSING REMARKS AND COMMENTS

